



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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Phone: 207-287-4179 Fax: 207-287-6775

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

LEGISLATOR INFORMATION

Name					
Hannah Ping		Member of:			
Mailing address	7/66	₩ House ☐ Senate			
Mailing address PO BOY 2	-43	District 3.6			
I City win and		Phone			
North Haven	, ME 04853	867-0966	١ .		
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY ANO	THER			
List the name and address of each employe principal type of economic activity of each employe	er from whom you received compensation oployer.	of \$1,000 or more. Specify t	he		
Name of Employer	Address	Principal Type of Economic Activity of Employer	A Z		
MSAD #7	Pulpix Harbur Rd	finda			
MSAD #7 NH commonity School	Pulpit Harbo-Rd N. Haven, 07853	- fundamising School	/		
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	ME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)		Ţ,		
A. List the name and address of your busin		onomic potivity from which	<u> </u>		
derived income. It associated with a partners	ship, firm, professional association, or similar	ar business entity, list the maj	or		
areas of economic activity of that entity.	and the party recommendation of the second s	TO SELVE THE THE SECOND			
Name and Address of Business Entity	Major Areas of Economic Activity	Major Areas of Economic Activity			
Maine and Address of Dustriess Entry	(self)	(partnership, association or similar			
Name:	and the second s	business entity)			
Address: N/A					
Norman	The state of the s	and the order of the second of			
Name: Address:					
ANGLOSS.					

P,	ART 2 (continued). INCOME I (For Legislators	DERIVED FROM SE who are self-employed.)	LF-EMPLOYMEN	VT.	
is greater, and specify the prin	e derived from self-employment that ncipal type of economic activity of v, rule, or an established code of p m the income was derived.	the entity or person fro	m whom you derive ecify only the princip	d such income. I al type of econon	f this form one activity o
	Name and Address of Source		Ac	Principal Type of E tivity of Entity or F s the Source of th	Person Who
Name: N/A Address:					-
Name: Address:		· .			
		R AREAS OF PRACTO are attorneys-at-law on	early feet and the feet and the control of the cont		
List your major areas of practi	ice. If associated with a law firm, li	ist the major areas of p	practice of your firm.		
Name	e and Address of Firm	Majo	r Areas of Practice (self)	Major Āreas (firr	1 A 81
Name: Address:		. Transferred between the file of the file	•		
Name:					Marie de la companya
Address:		- Anna to I particular			
	PART 4. OTHER	SOURCES OF INC	ОМЕ		
List each source of income of	\$1,000 or more not listed in Parts	1, 2, or 3 of this form.	Do not include gifts	If none, check the	ne box.
None	Name and Address of Source			Kind of Inco	
Name: Address:					
Name:	derlich ber	<u> </u>			Add Sall and the sale and the s
Address:					
OV/16:	PART 5. REPC	RTĀBLE LIĀBILĪTI	ES	, in Maria	1.1.104000.1
List the names of creditors fo areas of economic activity of e	r any <u>unsecured</u> loans of \$3,000 ceach creditor. Do not list loans from	or more that you receiv	ed during the repor	ting period, and li	st the major
None	The man and an entire transfer and an entire transfer and a state of the state of t	•		2 A 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	
	Name and Address of Credito	r	F	rincipal Type of E Activity of Cre	conomic ditor
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Address:	The Mark The Commission of the		AN ARRIVER A A A LA A MARIA MANAGEMBER MANGE MANGE AN A TO STOCK AND ALL A COMMISSION MANGE MANGE AND A STOCK AND	nd conden McArcular 17 (2079) - Manuscalan III arrangement alabahan	
Name:			. !		
Address:			<u>:</u> :		
	PART 6. RE	PORTABLE GIFTS		To the second of	:33 (2)
List the specific source of each none, check the box	ch gift of more than \$300. Include	gifts with an aggregate	value of more than	\$300 from a singl	e source. If
None		The second secon	emanuse en la seria de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania de la compania del compania del compania del compania de la compania del compania de	AND THE STATE OF T	Consider the Constant of the C
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2.	· · · · · · · · · · · · · · · · · · ·	4.	nes des las las las estados necesarios de las destados de las	t	the second of the cost of

Name of Source of Honoraria 3. 4. PART 8. REPRESENTATION BEFORE STATE AGENCIES Ist each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box. Name of Agency N		wa w yu	ai omeda	uulies.	и попе,	check the	UOX.	
PART 8. REPRESENTATION BEFORE STATE AGENCIES st each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check box. None Name of Agency 3. 4. PART 9. BUSINESS WITH STATE AGENCIES st each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of 1,000 during the reporting period. If none, check the box. Name of Agency 3. 4. PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY at the type of sconomic activity representing each source of income of \$1,000 or more received by your spouse or dependent child pill during the reporting period and the kind of income represented. Do not include gifts. Circle 'S' for income received by spouse or for income received by dependents. Type of Economic Activity Representing Source of income Received appropriate Kind of Informity Fall Circle spropriate Kind of Informit			in a second second	-	and the second s			
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e intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator ha fully filed a false statement, it shall refer its findings of fact to the Attorney General.		S						
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question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question.

Date

(1 M.R.S.A. § 1019)

Signature

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